**A picture containing drawing

Description automatically generated**

Level 1 Commercial Centre

CQUniversity

Bruce Highway

North Rockhampton QLD 4701

Telephone: 07 4930 9311

Domestic travel: [domestictravel@cqu.edu.au](mailto:domestictravel@cqu.edu.au)

**CORPORATE DOMESTIC BOOKING FORM**

**QUOTE ONLY - I will book later  BOOKING - make this booking**

Please Note: Details MUST be the same as shown on Passport or Photo ID.

Contact telephones are mandatory

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Traveller details** | | | | | | | | | | | | | | |
| Surname / Family Name: | |  | | | | Given names | |  | | | Title | | |  |
| Work Phone: | |  | | | | Mobile Phone: | |  | | | | | | |
| Department/Division | |  | | | | | | | | | | | | |
| Has the traveller booked through Travel Crew previously? | | | | | | | | YES  NO | | | | | | |
| Does the traveller have a CQUniversity Corporate Card? | | | | | | | | YES (complete details below)  NO (please provide the card details to be charged) | | | | | | |
| Name on Corporate Card | | | | | | | |  | | | | | | |
| Last 4 digits on Corporate Card | | | |  | | | | Expiry date: | | | |  | | |
| Email address for Tax Invoice: | | | | | | | |  | | | | | | |
| Requestor name: | |  | | | | Email: | |  | | | Work Ext.: | | |  |
| **Frequent Flyer details** | | | | | | | | | | | | | | |
| Airline: | | |  | | | | Frequent Flyer No: | | |  | | | | |
| Airline: | | |  | | | | Frequent Flyer No: | | |  | | | | |
| **Transport details** | | | | | | | | | | | | | | |
| DATE  (day - dd/mm/yyyy) | DEPART FROM:  (full name of city) | | | | ARRIVE AT:  (full name of city) | | | | DEPARTURE TIME: | | | | TRANSPORT MODE | |
|  |  | | | |  | | | |  | | | | Choose an item. | |
|  |  | | | |  | | | |  | | | | Choose an item. | |
|  |  | | | |  | | | |  | | | | Choose an item. | |
|  |  | | | |  | | | |  | | | | Choose an item. | |
|  |  | | | |  | | | |  | | | | Choose an item. | |
| Fare type required: | | | | | | | | | Choose an item. | | | | | |
| **Accommodation details** | | | | | | | | | | | | | | |
| HOTEL | | | CITY | | | | DATE IN  (day - dd/mm/yyyy) | | | DATE OUT  (day - dd/mm/yyyy) | | | | |
|  | | |  | | | |  | | |  | | | | |
|  | | |  | | | |  | | |  | | | | |
|  | | |  | | | |  | | |  | | | | |
| Please complete if the traveller does not have a CQUniversity Corporate Card – CHARGE BACK TO ROOM: | | | | | | | | | | | | | | |
| Room Only | | | Room and all meals | | | | Room and breakfast | | | All charges excluding mini bar | | | | |
| **Rental car details** | | | | | | | | | | | | | | |
| Type of Car | | | Select | | | | Other vehicle type: | | |  | | | | |
| Pick-up Date  (Day – DD/MM/YYYY) | | |  | | | | Pick-up time: | | |  | | | | |
| Drop off date  (Day – DD/MM/YYYY) | | |  | | | | Drop-off time: | | |  | | | | |
| Pick-up location: | | |  | | | | Drop Off location: | | |  | | | | |
| Other travel requirements and requests: | | | | | | | | | | | | | | |